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|---|---|--|----------------------------|---|---|--|--|
|   | Application Number  | 10/670,170                             |                            |   |   |  |  |
| TRANSMITTAL   | Filing Date   | September 23                           | RECE                       |   |   |  |  |
| FORM  | First Named Inventor  | Michael J. Cull                        | Michael J. Cullen          |   |   |  |  |
|   | Art Unit 3747   |  |                            |   |   |  |  |
| //* h* # !!   | Examiner Name   | Examiner Name Tony Michael Argenbright |                            |   |   |  |  |
| (to be used for all correspondence after  | Attorney Docket Number  | 81081059                               | 1081059                    |   |   |  |  |
| Total Number of Pages in This Submission  | n   10  | 01001000                               |                            |   | _ |  |  |
|   | ENCLOSURES (Check a   | ii that apply)                         |                            |   |   |  |  |
| Fee Transmittal Form  | Drawing(s)  |  | ·                          | Allowance Communication to TC   |   |  |  |
| Fee Attached  | Licensing-related Papers  | \ <b>_</b>                             |                            | peals and Interferences   |   |  |  |
| Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Reques Information Disclosure Stateme Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1 | CD, Number of CD(s)  Landscape Table on C  Remarks  | Address                                | (Appei<br>Propri<br>Status | al Communication to TC<br>al Notice, Brief, Raply Brief)<br>ietary Information<br>s Letter<br>Enclosure(s) (please Identify<br>): | - |  |  |
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| Firm Name Alleman Hall McCoy  |   |  |                            |   | 1 |  |  |
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| Printed name John D. Russell  |   |  |                            |   |   |  |  |
| Date 19, 2007   |   | Reg. No. 47,04                         | 8                          |   | ] |  |  |
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| the date shown below:   | , arraidpe dedicased to, continuasioner it  | 5. 1 Bleins, F.O. B0.                  | . 1730,7                   |   | 1 |  |  |
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| Typed or printed name Trista Rom  | ocki  |  | Date                       | June 19, 2007   | ) |  |  |

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| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).         |                                     |                        | Application Number 10/670,170 |                                  |           |                                       | ECEIVED    |                      |                |  |
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| Fo  | r FY 20                             | 06                     |                               | First Named Inv                  | ventor    | Michael .                             | J. Cullen  | 1                    | 1              | UN 19 2007   |
| <b> </b>  |                                     | 0 27 CED 4 27          |                               | Examiner Name                    | 9         | Tony Mic                              | hael Arç   | enbrigh              | •              | ]''''  |
| Applicant claims small  | <del></del>                         | ·                      | —[                            | Art Unit                         |           | 3747                                  |            |                      |                | 3  |
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| under 37 CFR warning: Information on this                                       | R 1.16 and 1.17<br>Is form may beco |                        | ard info                      |                                  | -         |                                       |            | rovide çre           | edit card      |  |
| Information and authorization   | on PTO-2038.                        |                        |                               |                                  |           |                                       |            |                      |                | 4  |
| FEE CALCULATION (A  | <del></del>                         |                        |                               | ng or may be                     | subjec    | t to a su                             | rcharge    | .)                   |                | 4  |
| 1. Basic filing, sear   | RCH, AND EX<br>FILING FE            |                        |                               | OLI EEEO                         |           | AINI ATION                            |            |                      |                |  |
|   | Sm                                  | all Entity             |                               | CH FEES Small Entity             |           |                                       | Entity     | _                    |                |  |
| Application Type  | Fee (\$)                            | Fee (\$)               | Fee (\$)                      | <u>Fee (\$)</u>                  | Fee       |                                       | :_(\$)     | Fee                  | es Paid (\$)   |  |
| Utility   |                                     | 150                    | 500                           | 250                              | 200       |                                       | =          |                      |                |  |
| Design  |                                     | 100                    | 100                           | 50                               | 130       |                                       | 55         |                      |                |  |
| Plant   |                                     |                        | 300                           | 150                              | 160       | _                                     | 0          |                      |                |  |
| Reissue   |                                     | 150                    | 500                           | 250                              | 600       | • •                                   |            |                      |                |  |
| Provisional   |                                     | 100                    | 0                             | 0                                | (         | )                                     | 0          |                      |                |  |
| 2. EXCESS CLAIM FEE   | :S                                  |                        |                               |                                  |           | <u> </u>                              | ee (\$)    | Small E<br>Fee (     |                |  |
| Each claim over 20 (i   |                                     |                        |                               |                                  |           |                                       | 50         | 25                   |                |  |
| Each independent claim over 3 (including Reissues)                              |                                     |                        | s)                            |                                  |           |                                       | 200<br>360 | 100<br>180           |                |  |
| Multiple dependent of<br>Total Claims   | iaims<br><u>Extra Claims</u>        | Fee (\$)               | Faal                          | Paid (\$)                        |           | м                                     |            | ı o\<br>ependeni     |                |  |
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| <u>Indep. Claims</u><br>3 or HP ≔   | Extra Claims                        | <u>Fee (\$)</u>        | <u> </u>                      | <u> Paid (\$)</u>                |           |                                       |            |                      |                |  |
| HP = highest number of indep  |                                     |                        | ı 3.                          |                                  |           |                                       |            |                      | •              |  |
| 3. APPLICATION SIZE I<br>If the specification and                               | FEE<br>drawings exc                 | ceed 100 sheets        | of pape                       | er (excluding o                  | electror  | ically file                           | ed seane   | nce or c             | omputer        |  |
| listings under 37 CI  | R 1.52(e)), t                       | he application s       | ize fee                       | due is \$250 (\$                 | 6125 fo   | r small er                            | tity) for  | each ad              | ditional 50    |  |
| sheets or fraction the  | ercof. Sec 3:                       | 5 U.S.C. 41(a)(1       | )(G) a                        | nd 37 CFR 1.1<br>additional 50 c | 6(s).     | an tharasi                            | Fee        | /#s                  | Eee Paid (\$)  |  |
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| 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) |                                     |                        |                               |                                  |           |                                       |            | Fees Paid (\$)       |                |  |
| Other (e.g., late filing  |                                     |                        | <u>-</u>                      | ,<br>                            | ~~~       |                                       |            |                      |                |  |
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| SUBMITTED BY Signature  | enen (                              | 10 m 51,5              | 87 R                          | egistration No.                  | 17,048    |                                       | Telepho    | <sup>ne</sup> 503-45 | 59-4141        | 1  |
| Name (Brint/Tune)   | <u> </u>                            | CALVIX -               | Deve L                        | rromaying                        |           |                                       | Dala III   | ne 19, 20            | 07             | -  |

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| Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).  FEE TRANSMITTAL |                                     |                        | . <u>-</u> ' I   | Application Nur                       | Number 10/670,170 |                           | - PECEIVED                  |                  |
| FEE IN   | KAN5                                | IVII I <i>F</i>        | <b>∖∟</b> [      | Filing Date                           |                   | September 2               | 3, 2003                     | RECEIVED         |
| Fo   | r FY 20                             | 106                    | L                | First Named In                        | ventor            | Michael J. Cu             | llen                        | ENTEAL FAX CENTE |
| Applicant claims sma   | Il Antiby atatus                    | \$00.37 CER 1.3        | 7                | Examiner Name                         | ę ·               | Tony Michael              | Argenbright                 | UN 1 9 2007      |
|  | ·····                               | •                      | <u> </u>         | Art Unit                              |                   | 3747                      |                             |                  |
| TOTAL AMOUNT OF PAY  | (\$)                                | 00.00                  |                  | Attorney Docke                        | t No.             | 31081059                  |                             | <u> </u>         |
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| Check Credit   | Card M                              | loney Order            | $\square_{None}$ | e Other (                             | please ide        | ntify):                   |                             |                  |
| Deposit Account  | Deposit Account                     | Number <u> 06-151</u>  | 0                | Deposit A                             | ccount Na         | ne: Ford Glo              | bal Technologies            |                  |
| For the above-ident  | tified deposit a                    | count, the Direct      | or is here       | by authorized to                      | : (check          | all that apply)           |                             |                  |
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|  |                                     | a) or underpayme       | nts of fee       | <i>(</i> ->                           |                   | rpayments                 |                             |                  |
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| information and authorization  | n on PTO-2039.                      |                        |                  |                                       |                   |                           |                             |                  |
| FEE CALCULATION (  | All the fees b                      | elow are due           | upon fili        | ing or may be                         | subject           | to a surcha               | rge.)                       |                  |
| 1. BASIC FILING, SEA   |                                     |                        |                  | •                                     |                   |                           |                             |                  |
|  | FILING F                            | EES<br>nall Entity     | SEAR             | CH FEES Small Entity                  | EXAM              | INATION FE<br>Small Entit |                             |                  |
| Application Type   | Fee (\$)                            | Fee (\$)               | Fee_(\$)         |                                       | Fee               | \$) <u>Fee (\$)</u>       | Fees Paid (\$)              |                  |
| Utility  | 300                                 | 150                    | 500              | 250                                   | 200               |                           |                             | -                |
| Design   | 200                                 | 100                    | 100              | 50                                    | 130               | 65                        |                             | -                |
| Plant  | 200                                 | 100                    | 300              | 150                                   | 160               | 80                        |                             | -                |
| Reissue  | 300                                 | 150                    | 500              | 250                                   | 600               | 300                       |                             | -                |
| Provisional  | 200                                 | 100                    | 0                | 0                                     | 0                 | 0                         | <del></del>                 | -                |
| 2. EXCESS CLAIM FE<br>Fee Description  | _                                   |                        |                  |                                       |                   | Fee                       |                             |                  |
| Each claim over 20 (<br>Each independent cla   |                                     |                        |                  |                                       |                   | 50<br>200                 | 25<br>100                   |                  |
| Multiple dependent of  |                                     | neluding Keissi        | 163)             |                                       |                   | 360                       |                             |                  |
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| - 20 or HP =   |                                     | X                      | _ =              | <del> </del>                          |                   | Fee (                     | <u>Fee Paid (\$)</u>        |                  |
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| listings under 37 C<br>sheets or fraction t  |                                     |                        |                  |                                       |                   | small entity)             | for each additional 5       | 0                |
| <u>Total Sheets</u>  | Extra Sheet                         | <u>s Numbe</u>         | r of each        | n additional 50 d                     | or fractio        |                           | Fee (\$) Fee Paid           | <u>(\$)</u>      |
| - 100 = 4. OTHER FEE(S)  |                                     | _ /50 =                |                  | _{round up to a                       | whole rui         | nber) x                   | =                           |                  |
| Non-English Specific   | ication, \$13                       | 0 fee (no small        | entity d         | liscount)                             |                   |                           | <u>Fees Pair</u>            | 7191             |
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|  | and                                 | len_5                  | 1,587 F          | Registration No.<br>Attomey/Agent)    | 47.048            | Telé                      | phone 503-459-4141          |                  |
| Name (Print/Type) John D. F  |                                     |                        |                  |                                       |                   | Date                      | June 19, 2007               |                  |

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JUN 19 2007

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant

: Michael J. Cullen

Application No.

: 10/670,170

Filed

: September 23, 2003

Title

: SYSTEM AND METHOD TO CONTROL CYLINDER

**ACTIVATION AND DEACTIVATION** 

Examiner

: Tony Michael Argenbright

**Group Art Unit** 

: 3747

Docket No.

: 81081059

Date

: June 19, 2007

Mail Stop **AMENDMENT** Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

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Trista Romocki

## **RESPONSE**

In response to the Office action dated April 19, 2007, please consider the following:

Amendments to the specification: None

Amendments to the claims : Begin on page 2

Amendments to the drawings

: None

Remarks

: Begin on page 7

Page 1 of 10

Application Number 10/670,170 Response Date: June 19, 2007

Reply to Office Action of April 19, 2007